

**APPLICATION FOR ANNUAL BOAT OPERATING PERMIT**  
(one application per boat)

Please PRINT IN INK or TYPE your responses.  
Unreadable or illegible applications will be denied.

Please submit completed application and  
appropriate fee to the above address.

BUSINESS NAME

ADDRESS

CITY

STATE

ZIP CODE

AREA CODE AND PHONE NUMBER

AREA CODE AND FAX NUMBER

E-MAIL ADDRESS

**BOAT INFORMATION**

VESSEL NAME

LAKE AND DOCK LOCATION

CONTACT PERSON

PHONE NUMBER (WORK, CELL, PAGER)

MINNESOTA REGISTRATION # OR US COAST GUARD #

MAKE OF VESSEL

YEAR

LENGTH

BEAM

HULL MATERIAL

☐

Wood

☐

Composite

☐

Metal

FUEL TYPE

ENGINE CONFIGURATION

NUMBER OF ENGINES

☐ Outboard ☐ Inboard ☐ Inboard/Outboard

I VERIFY THAT ALL INFORMATION IS CORRECT  
SIGNATURE OF VESSEL OWNER X

NOTE: Please include a check or money order payable to Department of Labor and Industry for \$200.00 to pay for permit and safety inspection. Applications without payment in advance will not be processed. All requests **must** be received in our office a minimum of 60 days prior to being inspected.

The requested information is required to process your boat operating permit application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. The information provided on this application will become part of the agency's permanent records.

This material can be provided in different forms, such as large print, Braille or audiotape, if you call (651) 284-5080 or (651) 297-4198/TTY.

**Office Use Only**

Permit Number

Date Paid

Check Number

Money Order Number

Interagency Payment

Purchase Order Number (state agencies only)